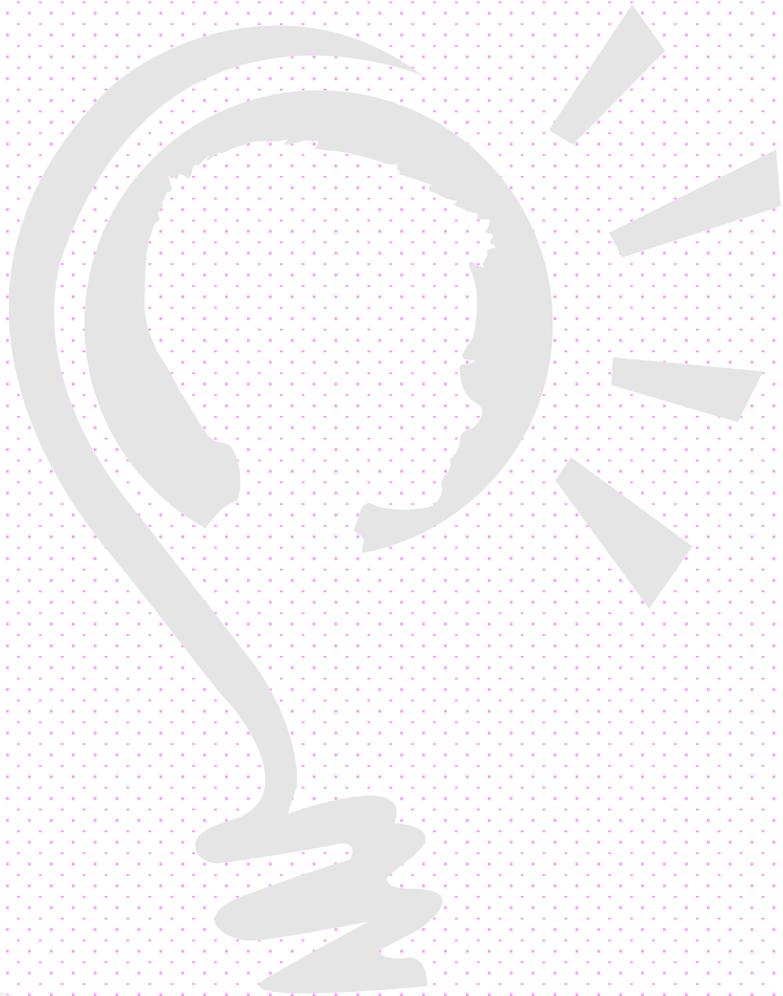




# Treatment of Anxiety Disorders in Children and Teens

Zoya Popivker, D.O.  
Child and Adolescent Psychiatrist  
Northwell Health





Speaker:

Zoya Popivker, D.O.

Northwell Health  
zpopivker@northwell.edu  
516-927-1630



# Disclosures

Neither I nor my spouse/partner has a relevant financial relationship with a commercial interest to disclose.





# Anxiety: Objectives for Primary Care

- Identify books or online resources to help mildly anxious children and their families
- Name and understand the psychotherapy with the most evidence for anxiety
- Understand the medication class of choice in pediatric anxiety disorders



# Treatment



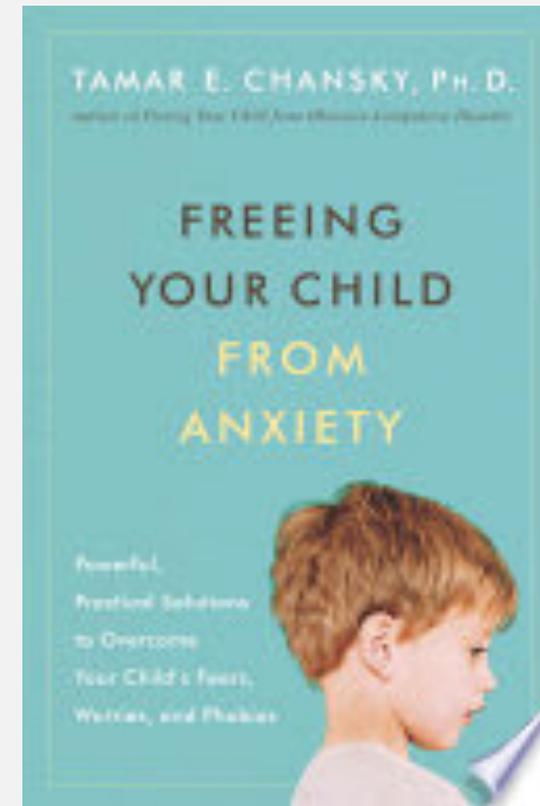
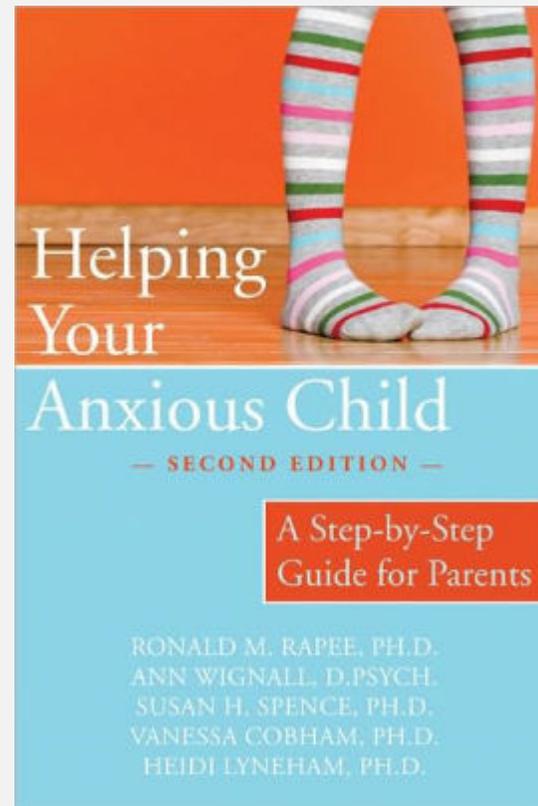
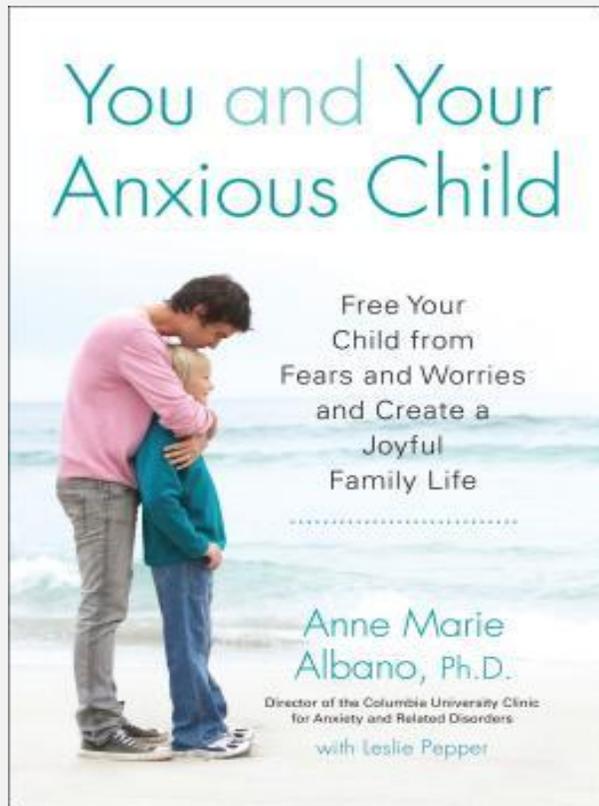


# Early Intervention: Anxious Temperament



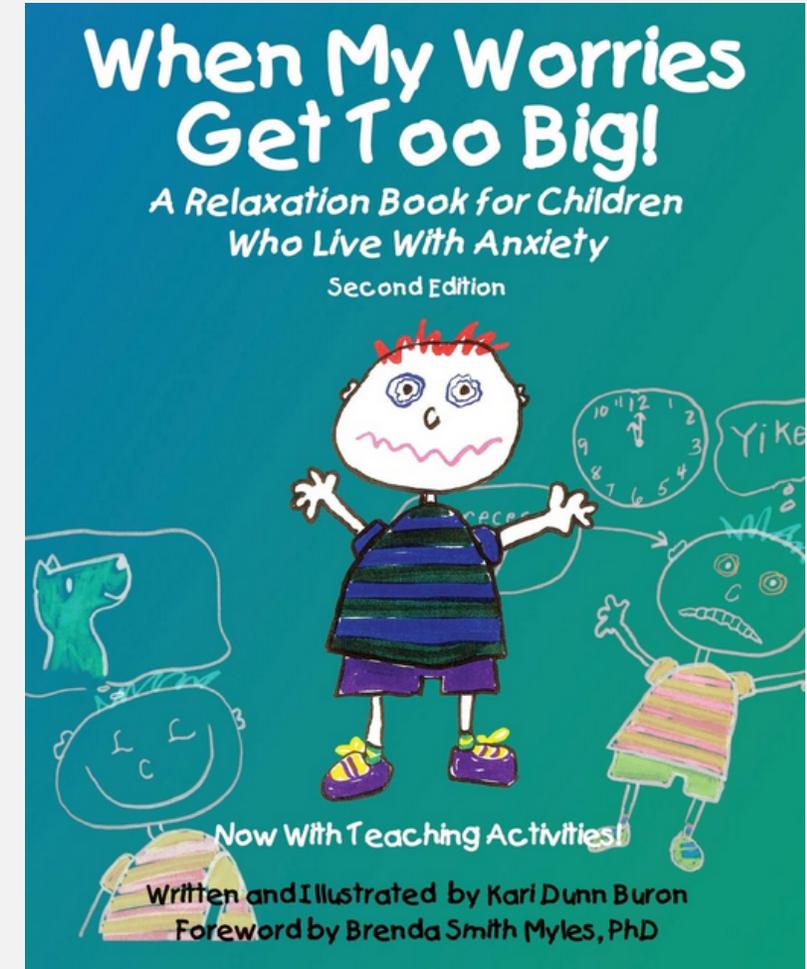
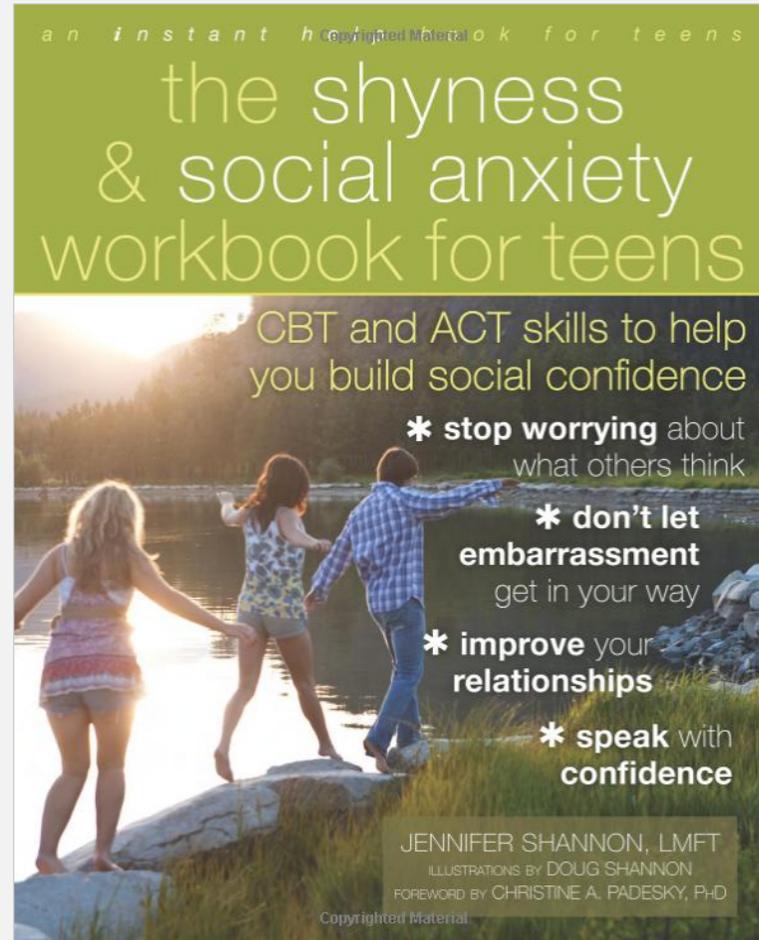
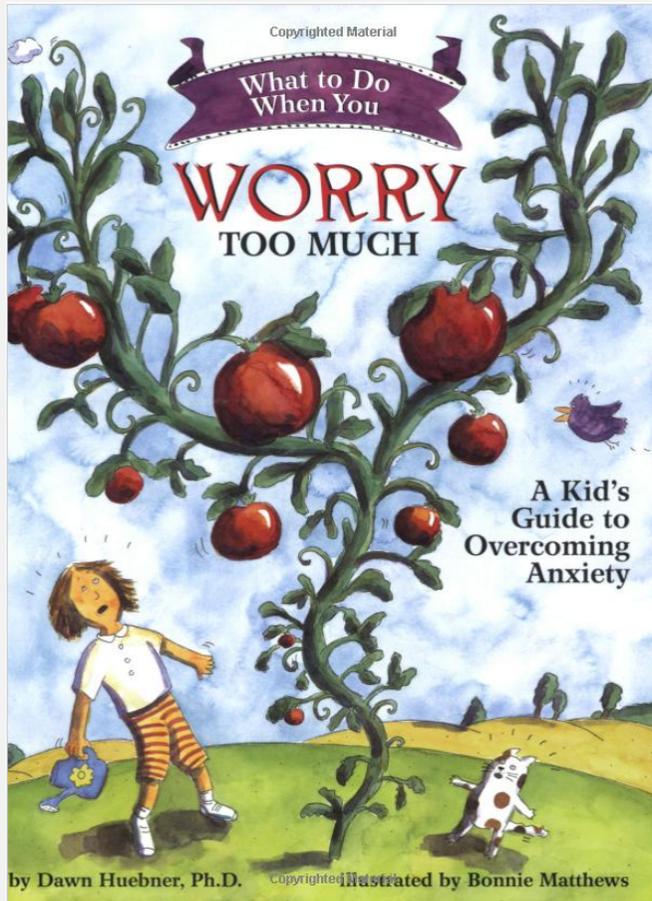


# Books for Parents (and their PCPs!)





# Books for Kids and Teens





# Goals of Early Intervention

- Education of parents/teachers/doctors/others about all forms of anxiety
- Prevent the development of Anxiety Disorders in children with anxious temperament
- Prevent generational transmission of Anxiety symptoms and impairment





# Psychoeducation

OUR SPONSORS

LOG IN | REGISTER

en ESPAÑOL

American Academy of Pediatrics  
DEDICATED TO THE HEALTH OF ALL CHILDREN®



Search for safety, tips, illness, etc.



Ages & Stages Healthy Living Safety & Prevention Family Life **Health Issues** News Tips & Tools Our Mission

Healthy Children > Health Issues > Conditions > Emotional Problems > Understanding Childhood Fears and Anxieties

## Health Issues

### Conditions

- Abdominal
- ADHD
- Allergies & Asthma
- Autism
- Cancer
- Chest & Lungs
- Chronic Conditions
- Cleft & Craniofacial
- Common Surgical Procedures
- COVID-19
- Developmental Disabilities
- Ear Nose & Throat
- Emotional Problems
- Eyes
- Fever
- From Insects or Animals
- Genitals and Urinary Tract

### HEALTH ISSUES

LISTEN ▶

Español

Text Size - +



## Understanding Childhood Fears and Anxieties

*My child seems to be afraid of a lot of things. Should I be worried?*

From time to time, every child experiences fear. As youngsters explore the world around them, having new experiences and confronting new challenges, anxieties are almost an unavoidable part of growing up.



### Fears are Common:



Office of  
Mental Health

© 2017 New York State Office of Mental Health

# Psychoeducation for Children

- What is Anxiety?
  - Anxiety is normal and helpful in small doses
  - 3 component model: Think, Feel, Do
- Why me?
  - Genes and temperament
  - Experience in the world
  - Development of “thinking traps”
  - Escape and avoid = More and more anxiety



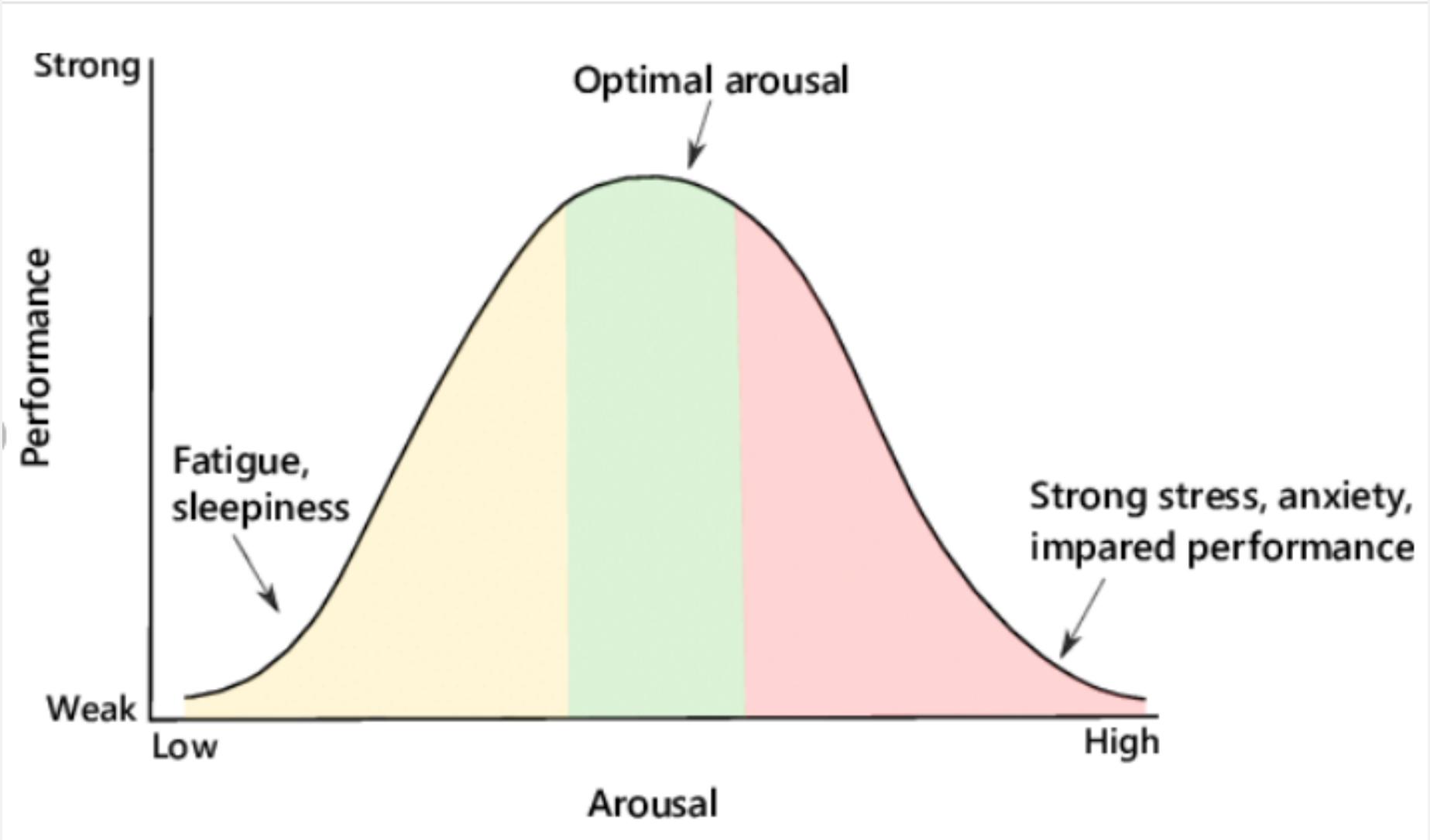


Illustration of Yerkes-Dodson law [1].





# Mild Anxiety





# Treatment Planning

- Mild symptoms:
  - Educate/support/monitor/nudge
  - Bibliotherapy
  - e-programs
    - 1. BRAVE for Children (can be purchased by parent)
    - 2. Camp Cope-A-Lot (can be purchased by a “therapist”)



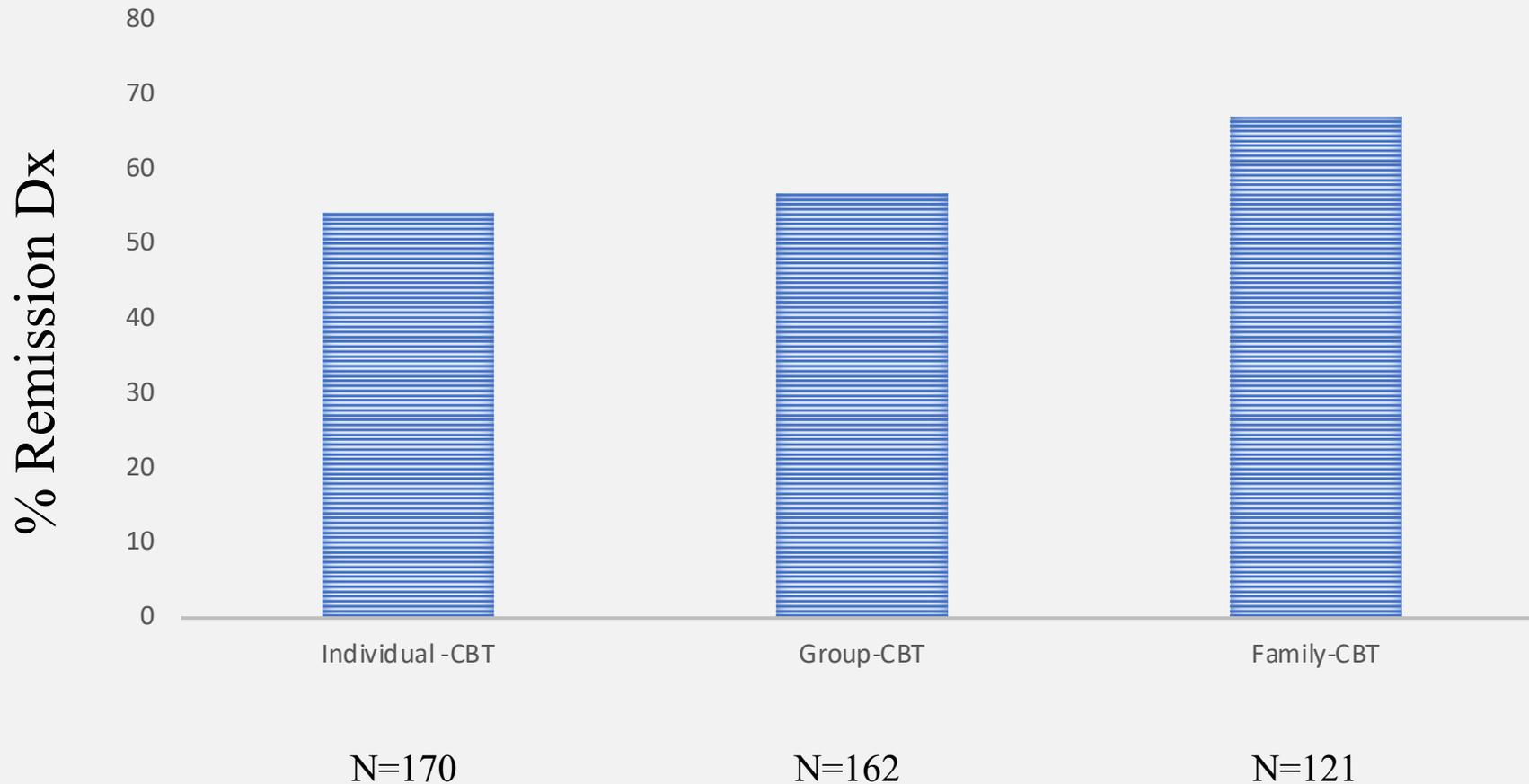


# Cognitive Behavioral Therapy





# Pooled Analysis of CBT for Child Anxiety Disorders by Modality





# Goals of CBT

- Educate the patient
- Teach self-soothing and somatic management
- Identify and change maladaptive thinking
- Increase proactive approach behavior (graduated EXPOSURE)
- Extinguish avoidance behavior
- Increase healthy problem-solving
- Facilitate insight and self-efficacy
- Solidify gains and promote generalization





# Somatic Management

- Breathing Retraining
- Progressive Muscle Relaxation
- Cue Controlled Relaxation

## Goals

- Develop tolerance of normal, expected levels of anxiety
- Learn & utilize strategies to calm self during stressful/ fear provoking situations or tasks





# Relaxation Script Grades K-4 (Ollendick, 1978)

- To begin the relaxation session, have the children sit comfortable in their chair and close their eyes. Soft, slow music can be playing in the background. When reading the script, speak in a soft, even tone. Pause between sentences.

- **Hands and Arms**

Pretend you have a whole lemon in your left hand. Now squeeze all the juice out. Feel the tightness in your hand and arm as you squeeze. Now drop the lemon. Notice how your muscles feel when they are relaxed. Take another lemon and squeeze it. Try to squeeze. Try to squeeze it harder than you did the first one. That's right. Real hard. Now drop your lemon and relax. See how much better your hand and arm feel when they are relaxed. Once again, take a lemon in your left hand and squeeze all the juice out. Don't leave a single drop. Squeeze hard. Now relax and let the lemon fall from your hand. *(repeat this process with the right hand and arm.)*

- **Arms and Shoulders**

Pretend you are a furry, lazy cat. You want to stretch. Stretch your arms out in front of you. Place them up high over your head, way back. Feel the pull in your shoulders. Stretch higher. Now just let your arms drop back to your side. Okay, kittens, let's stretch again. Stretch your arms out in front of you. Raise them over your head. Put them back, way back. Pull hard. Now let them drop quickly. This time let's have a great big stretch. Try to touch the ceiling. Stretch your arms way out in front of you. Raise them way up high over your head. Push them way, way back. Notice the tension and pull in your arms and shoulders. Hold tight now. Great. Let them drop very quickly and feel how good it is to be relaxed. It feels good and warm and lazy.





# Relaxation Continued

- Conclusion

Stay as relaxed as you can. Let your whole body go limp and feel all your muscles relaxed. In a few minutes I will ask you to open your eyes, and that will be the end of this session. As you go through the day, remember how good it feels to be relaxed. Sometimes you have to make yourself tighter before you can be relaxed, just as we did in these exercises. Practice these exercises every day to get more and more relaxed. A good time to practice is at night, after you have gone to bed and the lights are out and you won't be disturbed. It will help you get to sleep. Then, when you are a really good relaxer, you can help yourself relax here at school. Just remember the turtle, or the jawbreaker, or the mud puddle, and you can do these exercises and nobody will know. You've worked hard today, and it feels good to work hard. Very slowly, now, open your eyes and wiggle your muscles around a little. Very good. You've done a good job. You're going to be a super relaxer.





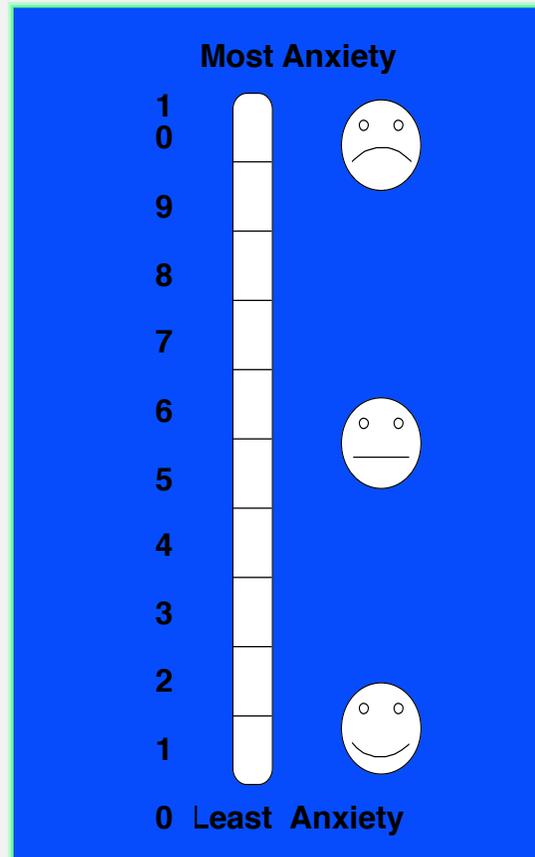
# Apps

- Headspace
- Calm
- Insight Timer
- Stop, Breathe and Think



# Anxiety Fear Hierarchy

## Fear Thermometer (SUDS)



## Separation Anxiety Fear Hierarchy

Situation	SUDS
Spending night at friend's house	10
Spending 2 hours at friend's— w/o mom	8
Spending 30 mins at friend's— w/o mom	7
Mom leaving home for 30 minutes	6
Mom leaving home for 15 minutes	5
Mom going out to get mail	3
Mom going in a different room—nighttime	2



# Moderate Anxiety

CBT

Psychopharmacology



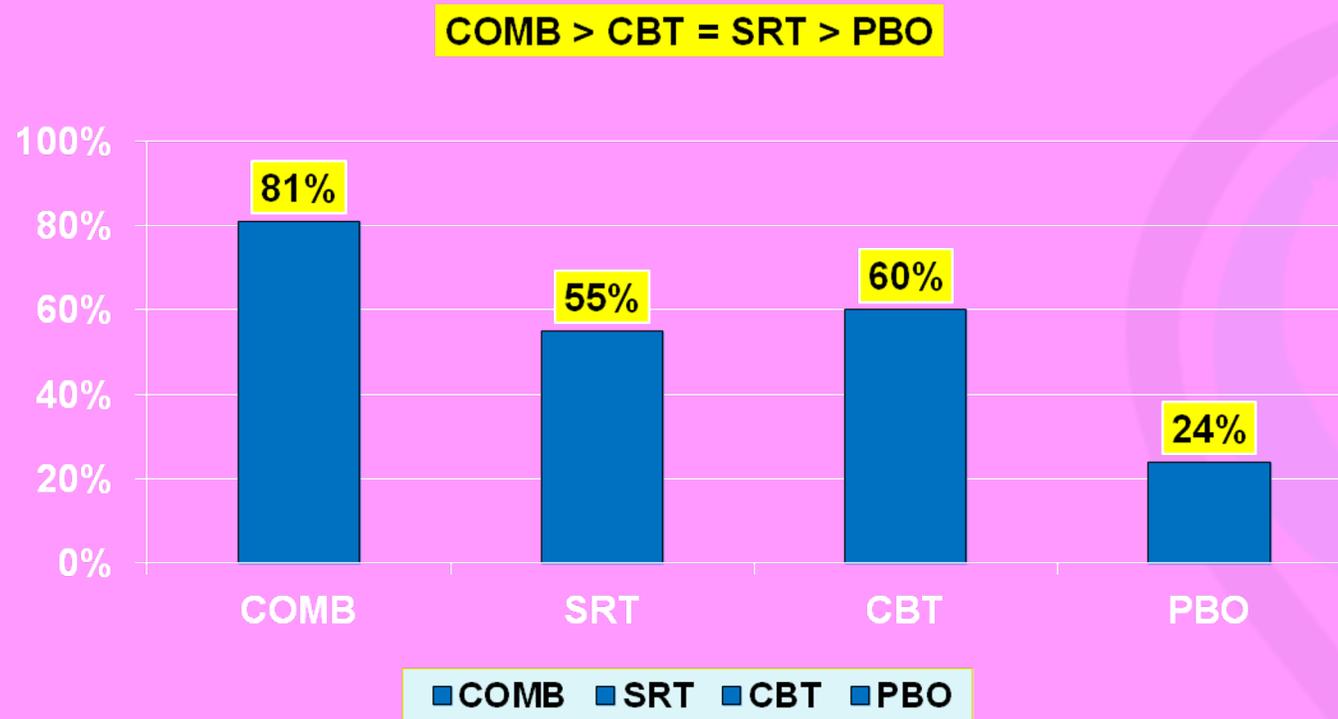


# *CAMS- Child Anxiety Multimodal Study Overview*

- SAD, SoP, GAD
- N = 488, ages 7-17
- 12-week acute trial: CBT, SRT, Comb, Pill PBO
- Pills-only double blinded
- Random assignment, blind Independent Evaluators
- Phase II: 6 month maintenance for treatment responders



# Child Anxiety Multimodal Study CAMS: N=488, 7-17 Years Old for 12 Weeks



CGI-I 1 and 2 (ITT, LOCF)





# FDA approved SSRI Meds for the Pediatric Anxiety Triad

- NONE



# Serotonin Reuptake Inhibitors FDA Approvals

- Approved for OCD
  - Clomipramine  $\geq$  10 yrs (TCA)
  - Fluvoxamine  $\geq$  8 yrs (SSRI)
  - Sertraline  $\geq$  6 yrs (SSRI)
  - Fluoxetine  $\geq$  7 yrs (SSRI)
- Approved for Depression
  - Fluoxetine  $\geq$  8 yrs (SSRI)
  - Escitalopram  $\geq$  12 yrs (SSRI)
- Approved for Non-OCD Anxiety
  - Duloxetine  $\geq$  7 yrs GAD (SNRI)



# SRI Efficacy for Non-OCD Anxiety Disorders

- SAD, GAD and SoP
  - Fluvoxamine – RUPP, 2001
  - Fluoxetine – Birmaher et al, 2003
  - Sertraline (CAMS) – Walkup et al, 2009
- SoP
  - Paroxetine - Wagner et al, 2004
  - Fluoxetine - Beidel et al 2007
  - Venlafaxine - March et al, 2007-
- GAD
  - Sertraline - Rynn et al., 2001
  - Venlafaxine, Rynn et al., 2007
  - Duloxetine, Strawn et al 2015
  - **Buspirone in GAD, unpublished negative trial**





# SSRI TREATMENT-Moderate Anxiety

- Patient and Parent preference
- Too anxious to start CBT
- CBT has failed or only partially resolved symptoms



# Severe Anxiety

CBT +  
Psychopharmacology





# Treatment of Severe Anxiety

- SSRI and CBT to start



# SSRIs

- Anxiety often needs higher doses in the end
- But lower doses to start as anxious people are hypervigilant for side effects
- WARN about side effects
- Start low BUT do not forget to go up—Most treatment failure is just a failure to raise the dose enough!
- Younger kids respond well to all treatments but also have more side effects from meds



# Other Meds?



# Summary



- Identifying anxiety is key!
- Medication and psychological approaches are effective for anxiety
  - Can start with psychological approaches but medication should not be considered “last resort”
  - **Don't make kids suffer**
- With evidence based treatments available, need to enhance public awareness and advocacy
- Pediatrician's support of treatment options liberates and empowers parents!





# Anxiety: Objectives for Primary Care

- Identify books or online resources to help mildly anxious children and their families
- Name and understand the psychotherapy with the most evidence for anxiety
- Understand the medication class of choice in pediatric anxiety disorders